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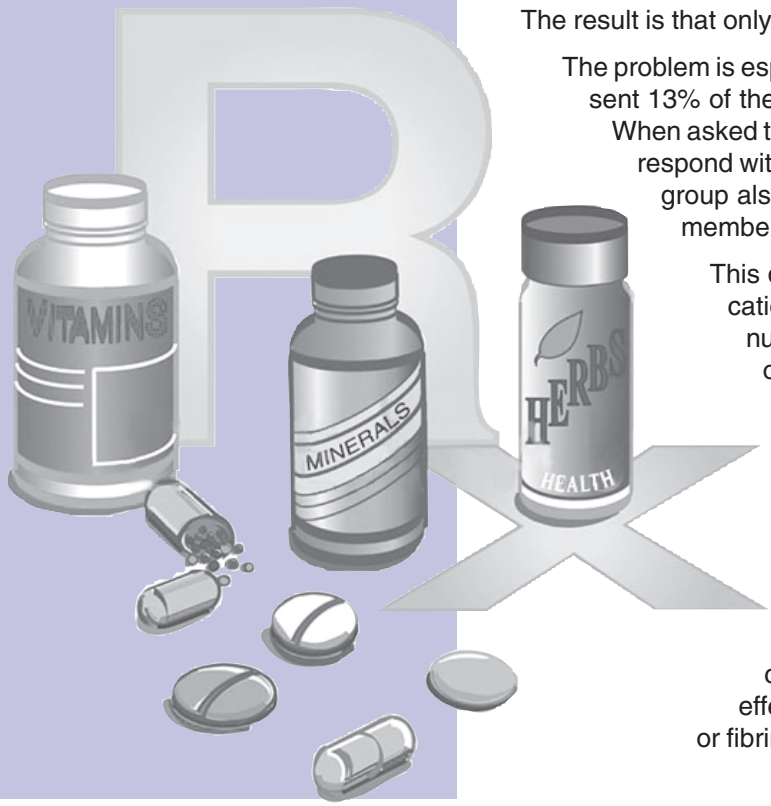

TAKING HERBALS AND ANTICOAGULANTS: WHY THE RISKS ARE DIFFICULT TO PREDICT

By Bill Liu, Pharm D, MBA

Supplementing with nutritional substances while on prescription medicines may pose a risk. The risk, and the extent of the risk, depends on the prescription drug and the nutritional supplement.

Frequently, patients start nutritional supplements without the knowledge or consent of the physician or the knowledge of any other member on the health care team. In today's environment, it is easy for a patient to "stay anonymous." In the "olden days," over-the-counter medicines were actually handed to the patient by the druggist over the counter, hence the term over-the-counter (OTC) medicines. Today, patients will take the medicine "off-the-shelf" themselves and anonymously pay a cashier on the way out of the store. The result is that only the patient knows what nutritional product he or she is taking.

The problem is especially pronounced in the elderly. Nationally, older adults represent 13% of the population yet consume 32% of all prescription medicines (1). When asked the question: "What medicines are you on?" older adults typically respond with a list of only the prescription medicines they are on. Since this group also accounts for 40% of all OTC sales (2), practitioners must remember to ask older adults if they are on any nutritional supplements.

This discussion will be limited to one class of over-the-counter medications or prescription medicine—blood thinners and to one type of nutritional supplement—the herbal, also known as botanicals. Some of the drugs in this group are: enoxaparin, dalteparin, heparin, warfarin, clopidogrel, ticlopidine, aspirin, dipyridamole and drugs that can cause platellet deaggregation as a side effect, such as the non-steroidal anti-inflammatory drugs (NSAIDs). Some examples of NSAIDs are: ibuprofen, naproxen, nabumetone, piroxicam, diclofenac and meloxicam.

The table (page 6) provides a partial list of herbals (botanicals) that may interact with the above group of drugs by enhancing the anticoagulant effect. Some of the herbals in this group will contain coumarins or salicylates. This will lead to anticoagulant effects. Other herbals in this group possess platelet de-aggregation or fibrinolytic properties. This will also lead to anticoagulant effects.

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IS A HIGH PROTEIN DIET RIGHT FOR YOU?

By Kari Davies, Dietetic Intern and Julie Mortimore, RD, Public Health Nutritionist
From San Bernardino County Department of Public Health Nutrition Program

You may be tempted to try one of the popular high protein, low carbohydrate diets such as Atkins, Zone, or the South Beach Diet. These diets claim that carbohydrates make you fat and you must limit foods such as bread, pasta, and even fruits and vegetables. What really matters is the total number of calories you consume, not the proportion of carbohydrate, protein or fat. Excess fat storage happens when a person eats more calories than are used. High protein diets may work temporarily because calories are restricted, not because carbohydrates are avoided. Some associated risks of eating a high protein, low carbohydrate diet are:

- *increased risk for gout, osteoporosis, and cancer*
- *orthostatic hypertension induced fainting*
- *decreased athletic performance*
- *poor long term weight control*

Whenever there are limitations on the number of food options, people naturally eat less. Most fad diets result in a calorie restriction to about 1,500 calories per day; the amount of calories needed for the average women to lose one pound per week.

If you want to lose weight, limit total calories from a balanced diet that includes whole grains, beans, low fat dairy, lean meats, fish, soy, nuts, and plenty of fruits and vegetables. Meanwhile increase your activity level and build some muscles.

Make one or all of these lifestyle habits your own:

- *Eat small amounts of desserts, donuts, buttery popcorn, fried foods, fast food or drink soda only on rare occasions.*
- *If you are going to eat fast food, never super size. Ask to replace the soda with milk or orange juice. Try to make better selections like a charbroiled chicken sandwich without cheese and ask for the restaurant's handout with nutrition information.*
- *Eat at least 5 servings of fruits or vegetable daily.*
- *Get at least 30 minutes of physical activity daily.*
- *Find a pal for walking or working out.*
- *Eat slowly to give your brain enough time to receive the full signal.*
- *Eat fat free or low fat dairy products everyday or take a calcium supplement.*
- *Use low calorie, high fiber snacks in between meals*
- *Replace high calorie toppings like butter, cream cheese, sour cream, or ranch dressing with lower calorie options like unsweetened jam or jelly, salsa, low fat cottage cheese, or honey mustard dressing. If replacements are not an option for you, then carefully limit serving sizes of high calorie toppings.*
- *Split an entrée when dining out. Remember that restaurant portion sizes can be enough food for three people.*

The best way to permanently lose weight is to skip the fad diets and make changes you can live with for the rest of your life. Gradually replace the habits that cause weight gain, with better, healthier habits. Make the habit stick and then move onto the next one. Start with your worst offenders, like a soda with meals or the daily super-sized meal deal. If you follow these suggestions, instead of going for the high protein fad, you will finally experience the kind of success you have always wanted—the lasting kind.

CALIFORNIA, 3rd STATE TO BAN SALE OF EPHEDRA

By Isabel Simard, MS, RD, CLE

Ephedra, also known as Ma Huang, has been widely used in many weight loss "miracle" pills as well as performance enhancement products. Unfortunately, it caused many side effects, even when consumed according to the label. From January 1993 through October 2000, the FDA received more than 1,500 reports of health problems related to products containing ephedra, including 81 deaths, 32 heart attacks, 62 cardiac arrhythmias, 91 reports of hypertension, 69 strokes and 70 seizures. Complaints about herbal supplements containing ephedra constituted 42% of all dietary supplement complaints, and 59% of all reported deaths. Sadly, questions about the safety of ephedra only rose after the death of Baltimore Orioles pitcher Steve Bechler who was using a product containing ephedra. Illinois was the first state to ban epehdra, followed by New York.

Jackie Speier, who introduced SB 582, stated she was very pleased to get this snake oil off our shelves. She believes that this law will save lives. The California Medical Association and

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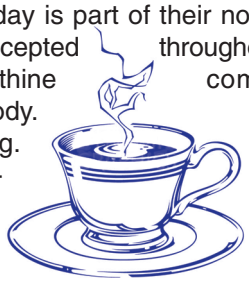
THE RELATIONSHIP BETWEEN CAFFEINE AND EXERCISE PERFORMANCE

By Nathalie Collard and Mylene Lebrun Paré, Radana Uhlir, Dietetic Interns
Reviewed by Ellen Coleman, RD, MA, MPH

For most Americans waking up to a cup of coffee or tea and drinking caffeinated beverages (such as soft drinks) throughout the day is part of their normal routine. It is enjoyed and socially accepted throughout the world. Caffeine is a trimethylxanthine compound not produced by the human body. Few of us think about caffeine as a drug. In fact, caffeine is a drug and can be addictive. It is classified as a central nervous system stimulant and has been the subject of many studies attempting to reveal the adverse health effects linked with its use. Caffeine is found in coffee, tea, soft drinks, cocoa, chocolate and some medication. A normal therapeutic dose of caffeine is 100-300 milligrams (1). A 6-ounce cup of brewed coffee may contain 100-150 milligrams of caffeine (1). The good news, for the millions of people who regularly enjoy caffeinated beverages, is the lack of substantial evidence linking moderate caffeine intake with adverse health conditions. On the flip side, is the question of whether caffeine can boost physical performance.



It seams that taken in relatively small amounts (about 1 cup of coffee per day) prior to exercise, caffeine can improve performance in both brief intense effort (rowing, sprints, power lifting) and in endurance exercise (cycling, running, swimming). Thus, caffeine has the potential to be a "legal" ergogenic aid. Three major theories have been proposed for the ergogenic effects of caffeine (6). First as a central nervous system stimulant, caffeine increases alertness and decreases the perception of fatigue. Caffeine lowers the perception of fatigue by lowering the neuron activation threshold, making it easier to utilize the muscles for exercise. Second, caffeine may increase the force of muscle contractions by positively influencing calcium kinetics and the sodium-potassium pump activity within the exercising muscles. Third, caffeine may increase fat utilization and decrease carbohydrate utilization. Caffeine mobilizes free fatty acids from adipose tissue and intramuscular triglycerides by increasing circulating epinephrine levels. The increased availability of free fatty acids increases fat metabolism and decreases carbohydrate utilization. This delays glycogen depletion and therefore enhances endurance performance.

Well-controlled scientific studies have established that caffeine is an effective ergogenic aid in a variety of exercise modes (e.g., running and cycling) and for a wide range of exercise intensities. Thus, participants in many sports could potentially benefit from its performance-enhancing properties. For runners, caffeine appears to be particularly effective for middle distance events (e.g., 1500m and 5000m races) and endurance events (e.g., marathon races). Caffeine may also be an effective ergogenic aid for shorter events (e.g., 100, 200 and 400m sprints), but scientific data is less convincing than for longer distances. The amounts that have been tested in research studies investigating caffeine's ergogenic effects on exercise performance have ranged from 3 to 15mg/kg body mass. For a 70kg subject this represents a total dosage of 210-1050mg of caffeine (2 to 10 cup of coffee) (2). Some studies have found that avoiding caffeine 2-3 days prior to a competition followed by small consumption immediately before the competition may improve the effect of pre-exercise caffeine intake to stimulate adrenaline release (2).

The use of caffeine is considered a form of doping by the International Olympic Committee (IOC). The IOC has set an upper limit of 12 micrograms/ml of caffeine in the urine (1-3,5). Theoretically, the IOC threshold would be reached by consuming 8 cups of coffee (at 100 mg/cup), or 4 tablets of Vivarin, or 8 tablets of No-doz (3). Interestingly, the level at which caffeine is banned by the IOC is far greater than the amount required to have an energy-enhancing effect in the body. Moderate caffeine doses (3-6 mg/kg) can enhance performance in certain exercise situations without raising the urinary caffeine level above the IOC limit. In a study conducted by Graham and Spriet, it was noted that 3,5 and 6 mg/kg doses of caffeine produced an ergogenic effect with urinary caffeine levels below the IOC doping threshold (6). Whether it is ethical to use this drug to enhance performance is an issue requiring individual evaluation and judgment.

Potential side effects of caffeine ingestion include dizziness, headache, insomnia, gastrointestinal distress, nausea, muscle tremors, flushing of the face, nervousness, anxiety, trembling, and heart palpitations. These side effects are more common at doses of 9 and 13 mg/kg, but infrequent with doses at or below 6mg/kg of body weight (6). Some individuals appear to be more susceptible to these side effects than others. Those suffering from nervousness or trembling following caffeine ingestion may well experience an impairment of sports performance. In addition, caffeine intake prior to exercise may have detrimental

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UPDATES FROM FDA...

By Rosario Quintanilla Vior, Public Affairs Specialist

While wrapping up the end of one fiscal year and commencing the next, the local FDA office in Irvine has been very busy participating in a host of local events geared to reaching diverse communities with health messages. It has met with, contacted, and answered literally hundreds if not thousands of questions from consumers in these promotional venues: the 2003 Governor's Conference for Women, the Los Angeles Times Health Festival, the L.A. County Senior Citizen's Health Fair, the 2003 LA Komen Race for the Cure, Radio Unica & Wal-Mart "Passport to Health," Fairs, California (DHS) Diabetes Symposium, the Binational Public Healh Week with Mexican Consulate Offices, and area-wide Senior Food Safety outreach.

In addition to this, the office has been notably busy promoting notification of the new Bioterrorism Interim Final rules to food manufactures (including wine makers) regarding Registration and Prior Notice. It hosted one satellite conference site in Costa Mesa, and a public meeting in Los Angeles that garnered 315 attendees.

As if this weren't enough, there are always national FDA news/needs that deserve promotional attention by health care professionals and consumers. With that in mind, the following news notes are being shared, and all are encouraged to comment and share input and opinions.

FDA and the Obesity Working Group Issue Call for Comment

An FDA scientific workshop was held November 20, "Exploring the Link between Weight Management and Food Labels and Packaging" as a way to collect data relevant to FDA efforts to help consumers make better informed

weight management decisions. The meeting initiated a dialogue with external stakeholders on developing a framework for better messages to consumers about reducing obesity and achieving better nutrition. The focus was on gathering scientific and economic data on how to communicate more effectively to consumers, specifically on how nutritional labeling and packaging affects caloric intakes.

Some of the ideas that were generated include:

- *issuing voluntary guidelines for restaurants to supply information to customers*
- *developing new regulations for health claims that food companies could make regarding their products' ability to help avoid gaining or losing weight*
- *listing the number of calories in the whole package*
- *noting the amount of exercise that would be needed to burn the calories contained in the food*

Comments on the following can be sent:

1. *What are the key messages, suggested by the available data, which are likely to affect weight gain, weight management, or weight loss?*
2. *How might those messages be communicated through labeling?*
3. *What are the pros and cons of communicating, through labeling, the messages the data suggest?*

FDA Seeks comment on Ways to Manage Qualified Health Claims

The FDA announced on 11/21/**03??** that it was issuing an advance notice of proposed rulemaking (ANPRM) requesting public comment on the topics involving qualified health claims and other potential initiatives to help consumers choose a healthy diet.

FDA is soliciting comments in three broad areas:

- *Alternatives for regulating health claims that do not meet the significant scientific agreement standard;*
- *Other issues related to health claims, including, for example, data and research on a substance/disease relationship, including how to provide incentives for manufacturers to develop the data needed to obtain significant scientific agreement; use of phrases such as "FDA authorized" in qualified and unqualified health claims; and consumer education about qualified health claims;*
- *Dietary guidance statements on conventional food and dietary supplement labels.*

Interested persons can comment by submitting to:

Division of Dockets Management, HFA-305
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852
Or electronically to:
http://www/fda.gov/dockets/ecomments

Guidance on How to Use the Nutrition Facts Label

FDA has revised "Guidance on How to Understand and Use the Nutrition Facts Panel on Food Labels" to include information on trans fatty acids and placement of trans fat on the Facts Panel. This guidance is available at the following:

http://www.cfsan.fda.gov/~dms/foodlab.html (English)

http://www.cfsan.fda.gov/~dms/sfoodlab.html (Spanish)

Subscribe to FDA's Dietary Supplement and Food labeling electronic newsletter

The FDA-Dietary Supplement and Food Labeling electronic newsletter is from the FDA's Office of Nutritional Products, Labeling, and Dietary Supplements in the Center for Food Safety and Applied

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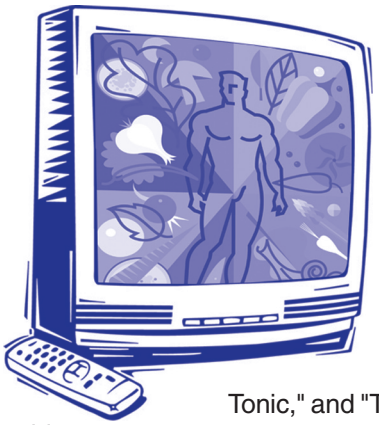
FEDERAL TRADE COMMISSION ATTACKS $1 BILLION IN DECEPTIVE HEALTH MARKETING IN PAST YEAR

By Ann Stahl, FTC Investigator

Ensuring the truthfulness and accuracy of marketing for health-related products has become a high priority on the Federal Trade Commission's (FTC) consumer protection agenda. Over the past year, the FTC has filed 20 cases challenging deceptive advertising for health care products with a total of more than $1 billion in sales. Most of the cases involved false or unsubstantiated claims about dietary supplements, a growing industry that had $17.1 billion in sales in 2001. The actions involved supplements marketed for almost every imaginable health problem, including cancer, AIDS, multiple sclerosis, heart disease, emphysema, diabetes, Alzheimer's, and obesity.



Two of the recent FTC cases involve multimillion dollar marketing campaigns using the Internet and heavily-aired national infomercials. The agency sued Seasilver USA for its claims that a concoction of multiple minerals, herbs, and other ingredients could treat 650 diseases. A U.S. District Court in Nevada immediately placed the defendants under a restraining order, receivership, and asset freeze. (FTC v. Seasilver USA, Inc., No. CV-S-03-0676-RLH-LRL, D. Nev. filed June 12, 2003)

A case filed against the marketers of "Coral Calcium Supreme" resulted in similar orders. The company was charged with falsely claiming that its dietary supplement composed of Japanese marine coral would cure all forms of cancer and treat other diseases such as multiple sclerosis, lupus, heart disease, and chronic high blood pressure. The FTC's complaint also alleged that the defendants falsely claimed that scientific research published in reputable medical journals proves that calcium supplements can reverse or cure all forms of cancer. The company's advertisements also claimed that a daily serving of Coral Calcium Supreme provides the same amount of bioavailable calcium as two gallons of milk, and that the body absorbs up to 100 times more calcium—and at a significantly faster rate—than the calcium contained in commonly available calcium supplements. (FTC v. Kevin Trudeau, No. 03C904, N.D. Ill. filed June 9, 2003)

Companies using marketing vehicles other than television and the Internet have also been targeted. For example, the FTC sued Gero Vita and its owner, Glenn Braswell, for a massive direct marketing campaign involving a myriad of supplements sold through glossy, magazine-like publications including the "Journal of Longevity" and "New Life Nutrition Magazine." The products touted by Gero Vita, under names such as "Lung Support Formula," "Antibetic Pancreas Tonic," and "Theraceutical GH3 Romanian Youth Formula" purported to treat everything from asthma, emphysema, diabetes, and Alzheimer's to obesity and aging. The FTC's complaint alleges that the company portrayed its publications as independent health magazines, when in fact they were advertisements for the company's products. Gero Vita was also charged with creating the "Council on Natural Nutrition" and then claiming that it was an independent organization that had conferred its "Golden Nutrition Awards" on several of the company's products. (FTC v. A. Glenn Braswell, No. CV 03-3700 PjWx, C.D. Cal. filed May 27, 2003)

The FTC continues to pursue aggressive enforcement actions against such fraudulent advertising in all forms of media. The agency currently has approximately 40 active investigations involving deceptive marketing of dietary supplements.

CALIFORNIA, 3rd STATE TO BAN SALE OF EPHEDRA

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the Consumers Union supported SB 582. The bill prohibits sale or distribution of any dietary supplement product containing ephedrine group alkaloids or steroid hormone precursors. It does not apply to California-licensed health care practitioners who prescribe or dispense dietary supplement products containing ephedrine group alkaloids, except for reasons such as weight loss, bodybuilding or athletic performance enhancement. This law would not apply to ephedra containing supplements sold or distributed directly via a licensed health care practitioner or pharmacist when the dietary supplement product

containing ephedrine group alkaloids is used solely for the purpose of treating patients.

On October 12, 2003, California became the third state to ban the sale or distribution of "ephedrine group alkaloids" when Governor Gray Davis signed SB 582. This bill makes sale of dietary supplements that contain any amount of "ephedrine group alkaloids" a crime. The legislation became effective on Jan. 1, 2004.

TAKING HERBALS AND ANTICOAGULANTS: WHY THE RISKS ARE DIFFICULT TO PREDICT

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PARTIAL LIST OF HERBALS WITH POTENTIAL FOR ANTICOAGULANT EFFECTS[3]

(Listed by the Most Widely Recognized Common Botanical Names)

Agrimony*	Alfalfa	Aloe Gel	Angelica (Don Quai)
Aniseed	Arnica	Asa Foetida	Aspen
Black Cohosh	Black haw	Bogbean	Boldo
Bromelains	Capsicum	Cassia	Celery
Chamomile	Clove	Dandelion	Fenugreek
Feverfew	Garlic	German Sarsaparilla	Ginger
Ginkgo Biloba	Ginseng (Panax)	Horse Chestnut	Horseradish
Licorice	Meadowsweet	Nettle	Onion
Parsley	Passion Flower	Policosanol	Poplar
Prickly Ash (Northern)	Quassia	Red Clover	Senega
Sweet Clover	Sweet Woodruff	Tamarind	Tonka Beans
Wild Carrot	Wild Lettuce	Willow	Wintergreen

**Contains salicylates and has coagulant properties*

These dietary supplements can be risky and since certain are derived from foods (e.g., garlic, cloves, etc), then by extrapolation, eating certain foods can affect the metabolism of certain prescription medicines.

There are several reasons why it is difficult to predict the degree and severity of the potential interactions. Foremost is the fact that there are few, if any, well-controlled clinical studies that document the interactions from a scientific, pharmacokinetic or pharmacodynamic standpoint. More often than not, the data that is available is a compilation of anecdotal reports.

The problem is compounded by the lack of standardization in the manufacturing of herbals resulting in the possibility of varying amounts of active ingredient in each batch of product. Furthermore, a finished herbal product may have more than one active ingredient (4). Since it is a logical assumption that some interactions are dose dependent, accurate prediction becomes nearly impossible.

There are also those herbals that antagonize the effects of anticoagulation medicines. This becomes problematic when the anticoagulation effect is desired. A partial list of herbals with this effect is coenzyme Q10, St. John's wart, agrimony, goldenseal, mistletoe and yarrow (5).

The safest approach is to avoid herbals if on blood thinning meds. If herbals must be taken and after obtaining the concurrence of the physician, it is imperative to adopt a high degree of vigilance by all parties involved. Signs and symptoms of increased bleeding should be monitored diligently and reported immediately to the physician if any such sign or symptom is detected. There must be increased surveillance of objective data such as the lab values for Prothrombin Time (PT) and International Normalized Ratio (INR). This is especially true at initiation or discontinuation of herbal substances. The patient who is on blood thinners and supplementing with herbals must learn to become part of the health care team and communicate regularly with all members on the team.

An informative reference on this subject in general is a publication by Subhuti Dharmananda, PhD, the director of the Institute for Traditional Medicine, Portland, Oregon. The publication may be accessed from the website *www.itmonline.org/art/herbdrug.*

References

1. Gurley, BJ (2002), Arkansas Geriatric Education Center, Vision Newsletter Vol 3, Number 4, July, 2002 pp 1-3
2. Conry, M (2003), *Polypharmacy: Pandora's Medicine Chest?* Geriatric Times Vol 1 Issue 3 Sep/Oct 2000, p4
3. Package Insert (2001), Coumadin, DuPont Pharma, Wilmington, Delaware
4. Flax, H and Saddam, A (2000), Herbals and Your Health, The Ohio State University Senior Series, Herbal Fact Sheets, pp 1-3
5. Package Insert (2001), Coumadin, DuPont Pharma, Wilmington, Delaware

THE RELATIONSHIP BETWEEN CAFFEINE AND EXERCISE PERFORMANCE

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effects on individuals with high blood pressure. Caffeine impacts hydration and blood pressure levels and promotes the loss of fluids, which may lead to dehydration ("diuretic effect"). This diuretic effect of caffeine could contribute to inadequate rehydration following exercise, especially in hot and humid conditions (2-4).

More importantly, athletes who intend to consume caffeine-containing products prior to a competition should be aware that ergogenic effects occur at smaller intakes than was originally proposed (i.e. at intakes of 1-3 mg/kg BM which represent a 70 to 210 mg caffeine dose, about 1 to 2 cups of coffee, for a 70 kg subject) (5). Larger doses of caffeine, 9 mg of caffeine/kg or greater, are associated with greater risks of side effects and urinary caffeine concentrations above the level that is considered a "positive" doping outcome by the IOC. Therefore, it is encouraged that any use of caffeine, whether for social or intentional purposes, be kept to these small intakes (which equates to 5-10 ounces of brewed coffee per day) (5). Athletes who want to try caffeine should experiment with it in training first. The dose to improve endurance is between 3 and 6 mg/kg, taken one hour before exercise (6).

References

1. The Ergogenics Edge: Pushing the limits of sports Performance. Human Kinetics, Champaign, IL. 1998: p. 149-153.
2. *http://www.medicdirectsport.com/sportsnutrition/default.asp?step=4&pid=83*
3. Coleman, E., Eating for endurance, 4th Edition, 2003: p. 131-132.
4. *http://www.nifs.org/ADM/Resources/NIFSArticles/NA-Caffeine.htm*
5. *http://www.ais.org.au/nutrition/SuppFSCaff.htm*
6. Graham TE, Spriet LL. *Caffeine and Exercise Performance.* Sports Sci. Exch. Vol.9, No.1:1-6,1996.

FOOD FOR THOUGHT AND BODY!

By Mimansa Joshi, Dietetic Intern, & Arlene Hoffman, RD, Office on Aging

By estimates of The American Dietetic Association (ADA), 85 percent of Americans over 65 have at least one chronic disease that could be helped by applying the principles of nutrition/medical nutrition therapy. Here is a summary of some of the facts that the Dietetic Association wants all older adults and their caregivers to know:

1. *First and foremost, get advice from your doctor or a registered dietitian (RD), because individual needs vary. Medicare will often pay for members' visits to an RD for medical nutrition therapy.*
2. *Next, it is important to realize that many seniors lose their taste for meat, an important source of the protein needed to build muscle and strengthen the body. Compensate by eating more of such other protein-rich foods as peanut butter, eggs and beans/legumes. All of these are rich in protein and lower in cost than meats, fish, and poultry.*
3. *Getting an ample supply of calcium in the diet is a natural way to lower blood pressure. Dairy products such as milk, yogurt, cheese, calcium-fortified juices, and some leafy green vegetables are high in calcium. Discuss with your healthcare provider whether you also need to take a daily calcium supplement.*
3. *Aim for six to eight 8-ounce glasses a day of water, juices, milk, decaffeinated/herbal teas or decaf coffee. Since sodas and alcoholic beverages do not provide nourishment to the body, consume them only on occasion.*
4. *Some older adults may need a nutrient supplement called Vitamin B12. Again, it is essential that you check with your healthcare provider before starting to take a daily B12 supplement.*

As always prevention is better than a cure, so it is beneficial to know and act upon the nutritional information provided!

UPDATES FROM FDA...

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Nutrition. Its purpose is to give interested parties access to key information and updates on dietary supplements, food labeling, and nutrition issues.

To subscribe:

1. *Send an email message to LISTSERV@VM.CFSAN.FDA.GOV*
2. *Enter the message SUSCRIBE FDA DSFL YOUR NAME (substitute your first and last name.)*

and Finally...

For those of you interested in Women's Health Issues, the Irvine District Office of FDA just received a number of materials on Menopause and Hormones (also available in Spanish) and other women's health topics that may be of interest to you. If you would like to receive these in quantity please feel free to drop a line to Rosario at: rosario.vior@fda.gov or call at (949) 608-4407.

SAVE THE DATE

A Conference entitled: ***"Popular Weight Loss Programs and Dietary Supplements"*** will be held at the FDA building in Irvine (19701 Fairchild, Irvine, CA 92612) on April 30, 2004 from 8:45 A.M. to 2:45 P.M.

Dr. Mark Meskin, Ph.D, RD, associate professor and director of the graduate program at California State Polytechnic University, Pomona, holds a Ph.D. degree in pharmacology and Nutrition. He specializes in health fraud and will be discussing weight loss supplements. Alan Aragon, MS, CPT, specializes in weight loss and will be discussing the pros and cons of the most popular fad diets. Ann Stahl, MA, is an investigator from the Federal Trade Commission and will focus her talk on identifying weight loss fraud. Finally, Anne Andrews, Esq., will discuss Dietary Supplements: A Modern Medicine Show.

This promises to be a great conference! So don't miss it!

The registration fee is $35 and includes lunch. For more information or to receive a registration flyer, please contact:

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NutritionTimes

The Nutrition Times newsletter is published biannually by the Orange County Nutrition Alert Coalition of the County of Orange Health Care Agency, Nutrition Services Program.

It is intended to keep the public and consumers informed on reliable nutrition information. The coalition is dedicated to the promotion of optimal health and nutrition through consumer education and awareness.

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